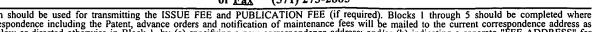
## 10-31-05

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885



maintenance fee notification	is.		E FEE and ders and noti	PUBLICATION FEE (if requirements of maintenance fees a new correspondence address	uired). Blocks I will be mailed to s; and/or (b) indic	through 5 s the current cating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
32658 75 HOGAN & HAR	ITER, SUITE 1500 I ST.	ANCE 300	papers. Each addition have its own certifica  Ce I hereby certify that to States Postal Service addressed to the Matransmitted to the US	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Julie Lange  (Depositor's name)  (Signature)			
APPLICATION NO.	FILING DATE	THAD BANGE	CIDOT NAME	DIVENTOR .	ATTORNEY DO		CONFIRMATION NO.
				IRST NAMED INVENTOR			5220
09/847,044 05/02/2001 Mark A. Kampe 80168-0101 5220 TITLE OF INVENTION: CLUSTER MEMBERSHIP MONITOR							
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700		11/14/2005
EXAMINER AR		ART UNI	IT	CLASS-SUBCLASS	J		
BARQADL	E, YASIN M	2153		709-222000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON The Printed States of the Printed On Table 2015.			(1) the nar or agents ( (2) the nar registered 2 registered listed, no r	ing on the patent front page, list less of up to 3 registered patent attorneys R, alternatively, les of a single firm (having as a member a littorney or agent) and the names of up to lipatent attorneys or agents. If no name is lipatent A. Lembke  William J. Kubida  Hogan & Hartson LLP  (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  1400.00 C  Sun Microsystems, Inc.  Palo Alto, California02 FC:1504  300.00 C							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
			Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 60-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment, to Deposit Account Number 50-1123 cerebrates are green and overpayment and overpayment and overpayment and overpayment are green and overpayment and over				
_	(from status indicated above MALL ENTITY status. See 3	)	_	ant is no longer claiming SMA			
The Director of the USPTO	is requested to apply the Issu	e Fee and Publicat	ion Fee (if an	y) or to re-apply any previous other than the applicant; a rep	ly naid issue fee t	o the applic	eation identified above
Authorized Signature		Leys	•	Date	y Octo	sson	2005
Typed or printed name	William	I- KUSI	IDA	Registration	n No. 29	664	
This collection of information application. Confidentiali submitting the completed aphis form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	for reducing this burden, sh nia 22313-1450. DO NOT S	11. The information 122 and 37 CFR I D. Time will vary ould be sent to the SEND FEES OR C	n is required .14. This col depending up Chief Inform OMPLETED	to obtain or retain a benefit by lection is estimated to take 12 son the individual case. Any castion Officer, U.S. Patent and b FORMS TO THIS ADDRES	the public which minutes to comp comments on the a d Trademark Offic S. SEND TO: Co	is to file (an lete, includi amount of to ce, U.S. Der mmissioner	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

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